

Please Mail to:
 Quemado ISD #2
 P.O. Box 128
 Quemado, NM 87829

DATE 10/7/20

FEEDER ROUTE MILEAGE AGREEMENT

Date Feeder Route Began 9/16/20 Phone # 520 686 0635

Parent or Payee: Kamren Gibson

Driver's Name (if different): _____ (PLEASE TURN IN A COPY OF THE DRIVER'S LICENSE FOR THE PERSON THAT IS DRIVING YOUR STUDENTS TO THE BUS STOP)

Name of Student(s) to be transported:

<u>Name</u>	<u>Grade</u>
<u>Bree Rhymen</u>	<u>5</u>
<u>Christopher George</u>	<u>6</u>
<u>Shawn Dougherty</u>	<u>5</u>
<u>Tiffany George</u>	<u>4</u>

Mileage from Origin of vehicle (Use map location; Example: Junction of Forest Road 6 and Highway 60, or School Campus such as Datil or Quemado)

Bus Driver you meet (Example: B.A. Gooddriver): R. Walraven or M. Walraven
 Number of one-way miles from origin (your house) to bus stop or school (to nearest tenth): 13

Please indicate the number of one-way trips made daily: 4
 (One one-way trip would be to the bus stop/ school in the morning, another one-way trip would be returning home in the morning.)
 If more than four one-way trips, please explain: _____

****NOTE: ANY CLAIM FORMS NOT RETURNED WITHIN 2 MONTHS WILL NOT BE PAID.**

I hereby swear (affirm) that the above information is true and correct to the best of my/our knowledge. I/We agree to notify the district superintendent's office of any changes in the above information within five school days of the change.

I/We further agree to repay to the State of New Mexico any funds received which I/We are not entitled to because of false information of the application.

I understand that my child/children **must** ride the bus one quarter of the time each week (2 times/week), on a regular basis in order to receive feeder route payment for the month.

[Signature]
 PAYEE SIGNATURE

P.O. Box 475 Datil Nm 87821
 MAILING ADDRESS

FOR OFFICE USE ONLY

SCHOOL YEAR: 2020-2021

Date Received 10/08/20 Date Approved by Board of Education _____
 One-Way Mileage 13

Times No. of Trips	<u>Miles</u>	<u>Tenths</u>
<u>4</u> =	Total Daily Reimbursable Miles <u>52</u>	
	@\$.35 per mile (Subject To Change without Notice)	
	Total Per Day.....	\$ <u>18.20</u>
	Adjustments.....	\$ _____
	Total Daily Allowance.....	\$ _____
	Times Number of Days.....	\$ <u>150</u>
	TOTAL PER YEAR.....	\$ <u>2730.00</u>

Copy to Applicant (.)

Initial _____

7800